

AGING AND LONG TERM SUPPORT ADMIN
Pre-Medicaid Services
2015-17 BIENNIAL BUDGET



Request	FY16	FY17	15-17
FTE	3.0	3.0	3.0
GF-State	\$8,846,000	\$10,328,000	\$19,174,000
Total	\$8,846,000	\$10,328,000	\$19,174,000

DECISION PACKAGE SUMMARY

The Aging and Long Term Support Administration (AL TSA) requests expansion of services and supports that will delay or divert individuals from entering the more expensive Medicaid Long Term Care System. This further positions the state to address the needs of an aging population and better manage the financial pressures associated with increasing demands for individuals who need community based supports due to age, disability or dementia. By funding this request, AL TSA is expected to reduce or delay the cost of people entering Medicaid Long-term Care (LTC) by providing Family Caregiver Support Program (FCSP) services such as consultation, training, respite, and equipment; unbiased and personalized Options Counseling and Assistance (OC/A); and evidence-based interventions that improve the capability and quality of services to individuals with dementia and their caregivers.

PROBLEM STATEMENT

Washington’s age wave is here, as illustrated by a 25 percent increase in the number of Washingtonians identifying as caregivers in a recent two year span. 854,000 caregivers provide services estimated worth \$10.6 billion/year compared to Medicaid LTC services of \$1.5 billion/year. If current demand for Medicaid LTC services matches the demographic increase, the state budget will be significantly impacted. Current funding levels for FCSP reach about 8,500 caregivers each year, about one percent of Washington’s caregiver population.

A [report](#) issued by DSHS Research and Data Analysis in April 2014 found that post-expansion caregivers who had greater access to an evidence-based caregiver assessment (TCARE®) and FCSP services helped families delay entrance to Medicaid LTC services by 20%. In addition, TCARE® service data (CY2013) shows that caregivers with any level of TCARE® intervention cut their risk of entering Medicaid LTC to less than half of those who did not receive TCARE®. A TCARE® data evaluation report from University of Wisconsin concludes that some caregivers whose care receiver did enter Medicaid did so because help came too late. Supporting caregivers earlier before stress, depression and burnout take its toll could give them the skills and support to continue caregiving in a longer, healthier way, with better outcomes for themselves and the people for whom they care. Some investment is needed to upgrade the TCARE® system, connecting it to the state’s options counseling and client management system, thus allowing insights to effective interventions and outcomes.

Individuals who need supports and services, including the family members caring for them, need access to unbiased options counseling. Many individuals have the ability to pay privately for help, but don’t know the best mix of personalized services and supports or how to access and pay for them. Lack of this information means they often spend



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more for services and supports than necessary and spend down to Medicaid earlier than they need to. Unbiased options counseling and assistance helps individuals understand their options and use their private resources most wisely to maintain independent living without resorting to Medicaid-funded LTC.

People with dementia and multiple chronic conditions often present significant challenges for both family and paid providers. Evidence-based or evidence-informed interventions, such as Memory Care and Wellness (MCWS), Chronic Disease Self Management, Enhance Mobility and STAR-C, are pilot programs that have a positive impact on the health of individuals served, can offer a break from caregiving and teach understanding and strategies to caregivers and clients. Current state funding for MCWS sustains small programs in two geographical areas. Federal grant funds for a third area have run out. Funding is needed to sustain and expand these programs to serve more families.

PROPOSED SOLUTION

The funding would expand FCSP services to 3,750 additional caregivers. In addition, options counseling and assistance would be available to more clients and caregivers to understand options, plan for outcomes and access available resources (private and public) to meet long term care needs. Evidence-based programs would be sustained and expanded, providing staff training, service dollars and a dedicated program manager. The TCARE® IT update would make data upload between systems efficient and enhance usability and reporting.

Three program managers are necessary, two for expanding the personalized options counseling, and one for all of the other evidence-based programs, including Memory Care and Wellness, Chronic Disease Self Management, Enhance Mobility and STAR-C – keeping Washington at the cutting edge of evidence-based practices and implementation.

EXPECTED RESULTS

The budget request supports DSHS Goal 4: Quality of Life – Each individual in need will be supported to attain the highest possible quality of life. This decision package is essential to implementing ALISA Strategic Objective 4.4 - Support families and informal caregivers that provide unpaid support to those in need and Objective 4.1 Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

This request supports the Results Washington Healthy People Goal 3.2.a: Increase percentage of long-term service and support clients served in home and community-based settings.

STAKEHOLDER IMPACT

The counties, Area Agencies on Aging (AAAs), senior advocates such as AARP, Eldercare Alliance and Senior Lobby; and disability advocates such as Centers for Independent Living, the Traumatic Brain Injury (TBI) Resource Center, and Partnerships for Action Voices of Empowerment (PAVE) will strongly support fully funding the pre-Medicaid service package. There are no known opponents.



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